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CONFIRMATION NO. 6150

<b>SERIAL NUMBER</b> 10/565,049	<b>FILING OR 371(c) DATE</b> 01/17/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> PU60400	
<b>APPLICANTS</b> Kristen E. Belmonte, King of Prussia, PA; Jakob Busch-Petersen, King of Prussia, PA; Dramane L. Laine, King of Prussia, PA; Michael R. Palovich, King of Prussia, PA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/23042 07/16/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 60488061 07/17/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/07/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20462					
<b>TITLE</b> Muscarinic acetylcholine receptor antagonists					
<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		